

## Diversity Thoughts: Trauma-informed care and ACEs

August 14, 2018

Small sneak preview for the ones of you (Pacific Consortium Interns) who will be attending Dr. Sierra Swing and my didactic on ACEs on December 7th: Stress dysregulation caused by ACEs are what we Behavioral Health specialists in Primary Care have the opportunity to work on every day in our Integrative Care model Primary Care Clinics.

On my vacation on a peaceful Island in Canada, I have been reading (rather listening to the audio-book version, read by the author) of the powerful new book "The Deepest Well" by Nadine Burke Harris, M.D. (came out in January 2018). She is a pediatrician and Public Health researcher and advocate who started a Youth Wellness Center in the Bayview neighborhood of San Francisco. (see footnote about free library audio-book download info). All my references to the book are from memory, as I have no hard copy to leaf through at this time.

She started to notice the effects on the health of her pediatric patients of stressors in the home or family life, and then connected this to the important research on ACEs (adverse childhood events) spearheaded by Felitti's group in the 1990s. She observes that communities of greater poverty, such as communities of color, have children who are vulnerable to greater exposure to ACEs. However, she also notes that the original ACE study (Felitti et al., 1998) was done on a 75% Caucasian and about 70% college educated California population sample (Kaiser in San Diego), and ACEs are universal.

Felitti writes: "We found a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults." (Felitti, 1998. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study; Am J Prev Med 1998;14(4). p. 245.--researched online 8/14/18)

Whereas higher ACE scores are more common in underserved communities, there is an insidious cover-up of shame and silence, Burke Harris points out, suppressing the mention of childhood traumas in middle and upper class communities. She proposes universal screening of all pediatric patients. [By extension, inquiring about ACEs in adult patients can yield valuable information, regardless of how resilient or "together" they seem--Any's thought]

Burke Harris does pay useful attention to the conversation about minority status and the politics of paying attention to ACEs, such as some African American leader's fears that whole communities will be stigmatized as "brain damaged" if ACE scores are used. She learns to understand the reasons for push-back both by disadvantaged groups and by dominant groups. However, she sees an increasing Public Health need for universal screening leading to multi-level intervention. She cites other speakers and allies who make the case for social justice and fairer allocation of resources, and has inspiring examples such as a wrap-around school-based program in the New York area.

Excessive stress such as Adverse Childhood Events can dysregulate the stress response system by maintaining excess corticosterone, causing brain changes that favor amygdalar alertness and frontal cortical suppression, leading to a loss in well-being, self-soothing ability, and loss in markers of health. She presents moving cases of children with failure to thrive, severe autoimmune responses and presents how future health can be jeopardized by childhood ACEs more so than by trauma later in life. This is due to "sensitive periods" in development.

Health repercussions both in children and later in life include increases in addiction and high-risk life styles, greater general inflammation, the shortening of telomeres (the buffer on the end of DNA strands that maintains cells young and able to divide without turning cancerous), hormonal dysregulation, elevated chance of diabetes, susceptibility to auto-immune disorders, greater risk for obesity, much higher rates of cancer and cardiovascular disease, and a shortened lifespan [if memory serves, about 12 years shorter at an ACE score of 4 or more out of 10].

The good news: Knowing a child's ACE score can allow for effective and timely intervention. Intervention includes "normalizing" to the parents the effects of excessive stress on the organism and recognizing toxic levels of stress; helping care givers and sufferers expect difficult episodes even after great improvement, and a whole person approach to care:

- exercise
- good nutrition
- mental health care
- mindfulness meditation training
- social support fostering
- help with housing, bills, income, immigration related stressors.

Dr. Burke Harris is excited about the speed of positive results in her population. As far as Behavioral Health goes, they do a lot of parent-child together therapy at her clinic, and self-care for stressed out parents is also an important factor in a child's improvement.

One very interesting aspect of the research she presents involves the mitigating role on stress by good care giving. She cites a fascinating rat study in which mothers who were "heavy lickers" of their pups to re-regulate them after they had been stressed were able to prevent toxic stress in their offspring (and even in foster-pups born to "low licker mothers" placed into their care). She remarks that care giving quality is often impaired by multi-generational trauma, but that good attachment can make up even for severe outside-the-home trauma.

In adulthood, it takes longer and more effort and "maintenance practices" to keep an ACE-dysregulated stress response system from continuing to negatively impact life and health, but it is very worthwhile to work on--as we do every day. [Anya thought: I am so glad we have so many strategies to help patients decrease sympathetic arousal and to upregulate the balancing function of the parasympathetic nervous system--even simple diaphragmatic breathing can help with this; the work we do every day is profound]

Dr Burke Harris, who identifies as an upper middle class African American raised in a Jamaican immigrant family, shares that in her own family, her mother's paranoid schizophrenia caused stress in her siblings and her, and she attributes an untimely stroke her otherwise healthy brother suffered in his early 40s to childhood stress.

This has been a great read (or listen). More background and BHPCI model actionable information to come during the didactic December 7th.

[Footnote about free audiobooks through Public Libraries: Download the free phone app "Libby;" you also have to have a Public Library membership such as Seattle Public Library or King County Library, or Yakima Valley Libraries. For popular new books, you can request them on hold online. Once available, they download as an MP3 and can be heard on your phone with the Libby app. I also recommend this to patients who have decent phones and who find exercising tedious, for example.]

Anya

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One of the HealthPoint interns shared the following link to an article with ACE statistics across states and more information on ethnic groups and prevalence of ACEs, which I am passing on with her comments below (the ACE example questionnaire in the linked article goes only up to 7 questions, though).

Intern writes: "I was looking @ prevalence rates in the US for black children and came across this brief that was updated pretty recently (2018 Feb). Thought that it would be good to share as it has data from the 2016 National Survey of Children's Health by State. I'm also sending the link to ERRATA - which is a more succinct view of the data. Looks like here in WA we are doing OK in terms of the number of ACES reported for children in this state, but I really like how it tells you about what hardships children face in each state."

[https://www.childtrends.org/wp-content/uploads/2018/02/ACEsBriefErrata\\_2018.pdf](https://www.childtrends.org/wp-content/uploads/2018/02/ACEsBriefErrata_2018.pdf)

<https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity>"

Here is a Link to an article that includes the currently used 10 question ACE instrument and discussion:

<https://acestoohigh.com/got-your-ace-score/>